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**Substitute House Bill 2654 Discussion**
**March 20, 2008**
**Meeting Minutes**
**OB2, Olympia, WA**

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**Attendees:** David Lord, Jill San Jule, Don Nichols, Mary Jadwisiak, Tamara Johnson, Dominic King, Aunrico Williams, Dawn Grosz, Cathii Nash, Sue Allen, Brad Berry, Laura Van Tosh, Judie Ebbert-Rich, Ken Stark

**Mental Health Division Staff:** Richard Kellogg, Andy Toulon, Stephanie Lane, Frank Jose, Tony O'Leary, Karie Castleberry

**Note Taker:** Jessica Bayne

| Topic | Discussion |
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| **Introduction- Opening Remarks** | Richard Kellogg began by thanking everyone for being here to discuss Substitute House Bill 2654. Richard stated he is committed to making use of all public funding sources possible to fund these services. He would, however, like to be as transparent as possible and state, that in all likelihood, there will be no DSHS requested funds for these services in the upcoming biennial budget due to expected budgetary challenges and time constraints. MHD will include the groups' recommendations related to funding in the report. |
| **Review of the Bill/Legislation** | Andy Toulon provided a short discussion/explanation regarding certification and B3 funding. Mr. Toulon then gave a brief overview of what bill requires of Washington. A report to the legislature is due Jan 1 2009 and will address:<br><br>a) A plan for implementation of consumer and family run services in Washington.<br>b) An amendment of the mental health waiver and state plan related to utilization of Medicaid for financing of services provided by community service agencies.<br>c) Identification of funding and resources needed for implementation of these services.<br>d) Recommendations related to licensing or certification requirements that should be applied to community service agencies.<br>e) Recommendations related to assuring the services provided by community service agencies are integrated with other treatment services.<br>e) Technical assistance needed to assist community service agencies to organize and become licensed or certified and eligible for receipt of Medicaid funding.<br><br>The full version of this bill can be viewed at: http://apps.leg.wa.gov/documents/billdocs/2007-08/Pdf/Bills/House%20Passed%20Legislature/2654-S.PL.pdf<br><br>Mr. Toulon introduced Dr. Andy Keller, from TriWest Group. Dr Keller worked with the Mental Health Division on |

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| | the STI Benefits Design report which provides a framework for some of the issues needed for the HB 2654 report. |
| **Andy Keller – What Planning Strategies Should be Used?** | Andy Keller shared that while collecting data through a survey about Medicaid for the previous report, the main concern was regarding consumer run partnerships.  He has taken the knowledge he has learned from his previous experience and is coming at this report from that prospective. Dr. Keller opened it up for discussion with: What suggestions the group had for planning a strategy for success. |
| **Comments - Planning a Strategy for Success** | Dawn Grosz opened the comments by stating one key element she feels is needed for success would be to include language that would include youth into the peer support program- partnering across ALL ages. Ms. Grosz also discussed the need for flexible dollars and partner programs, Medicaid peer support programs, but to also be conscientious about allowing funding and programs to be individualized and flexible. |
| | Judie Ebbert-Rich voiced concerns about consumer and family run services having to be licensed or certified. She feels that the licensing and certification process dilutes family run services and that they can be more flexible if they don't have to be licensed. She gave an example of a woman she knows who went back to school and got a degree as a social worker, as well as met other requirements to meet licensing standards and obtain Title 19 funding. Judie feels this is too much to ask for from consumer and family run services. |
| | Cathii Nash feels that the biggest asset is collaboration between agencies. There are so many resources out there that if the agencies work together, can be made widely known. |
| | Tamara Johnson would like youth to have quicker access to services and resources. Many times they will hear about a service or resource but it takes a considerable amount of time to access them. She feels that there is a lack of follow-through. |
| | Mary Jadwisiak believes that the best strategy for failure is to just ask for input but not allow for the individuals who gave the input to be part of the decisions process. She also feels frustrated when input is given and it seems as if it isn't heard or it is discarded. |
| | At this comment, Richard Kellogg commented that he sees Mental Health Division's (MHD) role in this report as a facilitator of what the community wants to see and not see. MHD plans to voice the words of the team. Richard feels that it will be more impactful if the voice of the community is united on its stance. |

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| | Laura Van Tosh began by sharing her happiness in the bill. Through her career she has created and directed non-Medicaid funded programs and worked in facilities with Medicaid funding and non-Medicaid funding. She feels that technical assistance is appreciated, especially when providers are unsure of what to do or how to proceed.<br>Laura also feels that without licensing, accountability is non-existent. Licensing is good for looking at evidence-based practices to figure out what works and ensures accountability. |
| | Stephanie Lane took the opportunity to thank Laura and to note that Laura is considered an expert in this field and the team is very lucky to have her assistance and experience. |
| | Sue Allen feels that the strategy for success is in not only trying to look into options of using Medicaid or non-Medicaid funding, but to evaluate the difference between direct consumer and family consumer because the vision is different.  Will there be different qualifications for each?  Sue also wanted to re-state Mary's desire to be a team. The more participation the stakeholders actually have in the function and process of the report, the more success it will have. |
| | Andy Keller asked the group what they felt regarding– "when is the right time to bring in the input?" |
| | Everyone agreed that now, then, and the follow-up is the right time for the team to have input. Discussion followed and the term "work-team" was created as the term the group would like to be referred to. |
| | Laura Van Tosh feels her role here is to provide an avenue for others, (ex) patients at the hospitals as well as be a content contributor but ultimately feels it might be important, bring in others that aren't benefitting directly from funding. |
| | Cathii Nash feels that if we only use of WAC definition of "consumer" we will be missing a lot of people. Discussion followed and it was decided to continue this at the following meeting as it is agenda item #4 and we are currently still on agenda item #3. |
| | David Lord questioned who the interested parties were that got the bill passed. Richard listed off names of individuals who worked on the bill but stated that since the bill was accepted by most, our goal isn't to try and gain more support, it is coming up with a clear definition of what we want to accomplish. |

|  | Points regarding Richards comments included:<br>▪ An additional selling job should the work-team decide not to use any Medicaid dollars and further discussion of how that would happen.<br>▪ The need for the programs to be recovery oriented, a key point that was made clear during session. |
|  | Funding methods were brought up and discussion began regarding the Federal Block Grant, private insurance companies, the importance of reminding people that sometimes soft money dissolves and agencies are forced to close. With this, Richard agreed that technical assistance was necessary. |
|  | Andy Keller asked for any final suggestions for success before the operational planning timelines. |
|  | Don Nichols wanted to voice concerns, before the upcoming meeting where definitions would be discussed, to be cautious not to exclude services because the group is too busy defining what those services are. |
|  | Stephanie Lane reminded the group that there are many individuals in the Mental Health Division with knowledge on various subjects. Please let MHD know if you have questions so we can help you as well as so that you have a better understanding of the barriers MHD themselves have to face. |
| **Next Steps** | The following plan of action was agreed to:<br><br>• A follow up meeting will be held for further discussion of the issues<br>• A draft report will be written up after the next meeting and distributed for comments at a third and final meeting.<br>• These comments will be taken back and incorporated/changed and sent forward.<br><br>The group agreed with Andy Keller that at the upcoming meeting the group would plan on how to move forward, divide/serve in the role as experts, and actually do work. They all feel that there will be the greatest amount of time between the second meeting and the third and this is where the majority of the work will be conducted. |
| **Agreed upon items for** | ▪ Meeting will be held in Olympia |

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| **next meeting** | <ul><li>Meeting will be all day tentatively 10-4</li><li>Committee will consist of only those at the meeting today and one other individual who rsvp'd to the next meeting that couldn't be there today.</li><li>End of April 28 /Early May date.</li></ul> |
| **Setting Priorities / Agenda for the following meeting** | Agenda Items to cover:<br>4. What are the consumer and family run services which should be promoted- definition of services<br>5. How should these services be financed?<br>6. How should these services be licensed and or certified?<br>7. What technical assistance is needed to ensure accountability?<br>8. Next steps<br><br>Additional agenda items added per today's discussion:<br>Laura Van Tosh- Possible presentation in the morning on the history of the consumer movement<br>Mary- Is recovery defined the same way?<br>Cathii - Quality Control Teams |
| **Items to take action on prior to the following meeting** | Possible older adult and NAMI rep. to be included into the work-team.<br><br>Handouts to be emailed/mailed out for reading prior to the meeting (at the will of the individual) include:<br>Stephanie's handout/Toolkit<br>Laura's History<br>Recovery Handout<br>Resiliency<br>Keller's - STI Report Info<br><br>Sue Allen would like a breakdown of all the items that should be discussed with her group before the meeting. |